SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE

2		000.111 01	KIVEKSIDE		
3)			
4	Plaintiff(s))			
5	vs.)	Case No		
6	Defendant(s)))	ARBITRAT	OR'S FEE STATEMEN	NT
8	Pursuant to local court policy, I a	m submitting th	nis fee statemer	nt requesting payment o	of \$150
9	for my services in conducting arb	itration procee	dings.		
10	Date(s) of Hearing:				
11	Date the Award/Settlemer	nt was filed:			
12					
13			Make chec	k payable to:	
14					
	Cianatura of Arbitrator				
15	Signature of Arbitrator		Name □	Personal or Business	
15 16 17	Printed Name of Arbitrator		Mailing Add		
16 17 18					Zip
16 17 18 19	Printed Name of Arbitrator		Mailing Add City Identification	State on Number (Required) urity # if personal or	Zip
16 17 18 19 20 21	Printed Name of Arbitrator Phone Number		Mailing Add City Identificatio □ Social Sec □ Tax ID# if I	State On Number (Required) urity # if personal or pusiness	Zip
116 117 118 119 119 120 121 122 122 131	Printed Name of Arbitrator Phone Number ***********************************	LOW IS FOR C has been subm	Mailing Add City Identification □ Social Section □ Tax ID# if I	State On Number (Required) urity # if personal or ousiness Y**********************************	nd the
116 117 118 119 119 120 121 122 122 123 130	Printed Name of Arbitrator Phone Number	LOW IS FOR C has been subm ordered to iss	City Identification Social Second Tax ID# if Interesting Compliants on the compliants of the payment in the compliants of the payment in the compliants of	State On Number (Required) urity # if personal or ousiness Y**********************************	nd the
116 117 118 119 119 120 121 122 123 124	Printed Name of Arbitrator Phone Number ***********************************	LOW IS FOR C has been subm ordered to iss vices rendered	City Identification Social Second Tax ID# if Interesting Compliants on the compliants of the payment in the compliants of the payment in the compliants of	State On Number (Required) urity # if personal or ousiness Y**********************************	nd the
116 117 118 119 119 120 121 122 122 123 130	Printed Name of Arbitrator Phone Number ***********************************	LOW IS FOR C has been subm ordered to iss vices rendered	Mailing Add City Identification □ Social Sector □ Tax ID# if It OURT USE ONLE inted in compliance payment in its case.	State On Number (Required) urity # if personal or ousiness Y**********************************	nd the yable to

Revised 03/07; 04/03